ســـــــــــــــــــــــــــــــــــــ									Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003									10 8	34	010	3
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OF	•	R THAN . ENTITY
T	OTAL CLAIM	s	1	e -	· .	· · ·		RATE	FEE	٦ [¨]	RATE	FEE
F	OR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FI		OB		
TO	OTAL CHARGE	EABLE CLAIMS	200	Ominus 20=		. ,		X\$ 9≈		OR	1	
INI	DEPENDENT	CLAIMS	7					X43=	+	1	Yes	
MULTIPLE DEPENDENT CLAIM PRESENT									╅──	OR		
* If the difference in column 1 is less than zero, enter "0" in column 2							'	+145=	<u> </u>	OR	L	<u> </u>
CLAIMS AS AMENDED - PART II								TOTAL	· L	OR	TOTAL	<u> </u>
(Column 1) (Column 2) (Column 3)								SMALL	. ENTITY	OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	- 14	Minus	- J	0	e .		X\$ 9=		OR	X\$18=	
AME	Independent	· 3	Minus	· · · · · ·	3	-		X43=		OR	X86=	
	FIRST PHES	ENTATION OF N	ULTIPLE DE	PENDENT	CLAIM			+145=			+290=	
					•		L	TOTAL		OR	TOTAL	
		(Column 1)		(Calcum	- ás	(0-1	A	DDIT. FEE		JOR ,	ADDIT. FEE	<u> </u>
B		CLAIMS		(Colum	ST	(Column 3)			LADDI	1 1		
MENDMENT		REMAINING AFTER AMENDMENT		PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		•	Γ	X\$ 9=		OR	X\$18=	
7 F	Independent	•	Minus	***		Ξ.	r	X43=		l	X86=	
	FIRST PRESE	NTATION OF MI	ULTIPLE DEPENDENT CLAIM				┢			OR	7.002	
				•			L	+145=		OR	+290=	
								TOTAL ODIT, FEE		OR A	TOTAL ODIT. FEE	
_	(Column 1) (Column 2) (Column 3)								٠.			
		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA		RATE	ADDI: TIONAL FEE	Ī	RATE	ADDI- TIONAL FEE
	Total		Minus	••				X\$ 9=		 	X\$18=	- 155
	Independent	•	Minus	***		-			-	OR		
	IRȘT PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR _	X86=	
• 65 1	If the entry in column 1 is less than the entry in column 2, write "O" in column 3.									OR L	+290=	
— (T)	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								· ·	OR AL	TOTAL DOTT. FEE	
T	he "Highest Num	ber Previously Pak	For (Total or	Independent	is the l	is, enter 3." highest number (iound	in the app	ropriate box			